

REQUEST FOR PROPOSAL #PR-R7-02-10004

ATTACHMENT E - CERCLA OFF-SITE DISPOSAL POLICY REPORT

CERCLA OFF-SITE DISPOSAL REPORT

Information Required for CERCLA Off-site Waste Management Activities

1 Superfund site name/State/CERCLIS SSID number:

2. Type of action (Check two)

☐ Removal
☐ Remedial

☐ Fund-financed
☐ PRP-financed

3. Type (check one) and form (check one) of waste; if more than one type, attach separate sheets for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> solvents	<input type="checkbox"/> wastewater
<input type="checkbox"/> dioxins/furans	<input type="checkbox"/> liquid waste
<input type="checkbox"/> cyanides	<input type="checkbox"/> organic sludge
<input type="checkbox"/> heavy metals	(> 1% total solids)
(specify metals) <input type="checkbox"/>	<input type="checkbox"/> inorganic sludge
<input type="checkbox"/> acids	(< 1% total org. carbon)
<input type="checkbox"/> PCBs	<input type="checkbox"/> contaminated soil
<input type="checkbox"/> halogenated organics	and debris
<input type="checkbox"/> other RCRA-listed hazardous	<input type="checkbox"/> solid or solidified
wastes (specify) <input type="checkbox"/>	waste (specify) <input type="checkbox"/>
<input type="checkbox"/> non-hazardous or de-listed	
wastes	

4. Quantity of waste:

☐ cubic yard (CY)
☐ gallons (gal)
☐ drums

☐ tons/lbs
☐ lab packs

5. Range, average, and/or representative concentrations of the contaminants of concern: _____

6. Pre-treatment of waste before transportation:

☐ precipitation
☐ solidification
☐ stabilization

☐ neutralization
☐ fixation

other (_____)

7. Receiving RCRA facility name/location/I.D number/units:

8. Receiving Region _____

9. Receiving Region Off-site Contact (RROC):

Name _____ Date _____

10. Date(s) of Shipments _____

Date disposal is completed/facility signs manifest for receipt of final shipment) _____

11. Pre-treatment of waste at site before final treatment or disposal:

precipitation _____ neutralization
solidification _____ fixation
stabilization _____ other (_____)

12. Final method of treatment or disposal/unit receiving:

precipitation _____ neutralization
incineration _____ landfill
land treatment _____ injection
recovery/re-use _____ other (_____)

13. If waste was landfilled:

- What disposal cell number or location? _____

- Type of liner in cell? (e.g. PVC, clay, hypalon)

14. Cost of activities:

treatment/disposal cost per unit _____
total cost based on treatment/disposal only
(no transportation cost)
transportation cost per unit _____ :
total cost for transportation only

A.2. CERCLA Off-Site Disposal Report

- a. Type: Final
- b. Title: CERCLA Off-site Disposal Report
- c. Content requirements: per the following form attached
- d. Distribution:
 - 1. Project Officer
 - 2. Deputy Project Officer
- e. Delivery Schedule: Report to be completed by cleanup contractor and received by PO within 10 calendar days after disposal has been completed at each site.